ANSPORTER Printed/Typed Name Month Day Signature Year on Space 2- Page 158 UNION PACIFIC 19. Discrepancy Indication Space NED 001792910 WSTD #17271001 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name Signature Day This Agency is authorized to require pursuant to Illinois Revised this information may result in a fivil peraity against the owner periday of violation and imprisonment up to 5 years. This form has been be submitted to the information may result Agency COPY 1. TSD MAIL TO GENERATOR

The Illinois Uniform Manifest must be used for all shipments of special waste (hazar I ms and nonhazardous) Cored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

- copy of part 1 should be used.

 INSTRUCTIONS TO GENERATORS (Please type)

 1. Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
- Enter total number of pages comprising this Manifest.
- Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- Enter the generator's Illinois EPA ten digit identification number. В.
- in the event of an emergency.
 e generator's Illinois EPA ten digit identification number.
 For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA 5,6,C,D. four digit Special Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- 7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.
- For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA 9,10,G,H. ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached,
- 11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM =Metal boxes or roll-offs DM =Metal drums

CW =Wooden boxes DW = Wooden drums

CF =Fiberboard or plastic bags DF =Fiberboard or plastic drums

BA =Burlap, cloth, paper or plastic bags

CY =Cylinders

DT =Dump trucks TT = Tank trucks

TC = Tank cars TP = Tanks portable

- 13. Enter the total quantity (gallons or cubic yards) of each waste.
- 14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.

 Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste
- I. must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
- J.K. If needed, enter additional description or information/instructions for the material listed in item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
- 16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- 19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- 20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

lack	UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No. LD 000605 790		Manifest Document No.		22. Page Information in the shaded areas is not required by Federal law. L. State Manifest Document Number					
		23. Generator's Name L. State Manifest Documents							ument Ni	ımber		
				L. State Maillest Document Number								
	77	USEPA REGION Y 77 W JACKSON HSE-5J M. State Generator's ID CHICAGO, IL 60604 4. Transporter' 3 Company Name 25. USEPA ID Number N. State Transporter's ID										
	24	Transporter 2 Company Nam	N. State Transporter's ID									
\prod	ת.	22- 700 K. K.	2 - 1		JS EPA ID Numb 00986582			orter's Phor				
1	<u>VI</u>	ART TRUCKING G Transporter Company Nam	2 / LNC	27 L	JS EPA ID Numb	\0r		ransporter's				
] }	20.	Company Nam	· · · · · · · · · · · · · · · · · · ·	27.0	JO LY A ID INGINE	761		orter's Phor				
11				L		100.0						
	28.	US DOT Description (Including F	Proper Shipping Name, Haza	ard Class, an	nd ID Number)	29. Conta	ainers	30. Total	31. Unit	R. Waste No.		
		нм				No.	Туре	Quantity	Wt/Vol			
	a.											
	b.											
	C.								-			
G E N	d.											
E R A	e.											
T O R												
	f.											
	g.							. <u></u>				
	h.							=,	-			
	i.							<u> </u>				
		Additional Descriptions for Mater	intel intel Above			<u></u>	T 11== 4"	na Cada-1-		Lioted Aberra		
	·	noutional Descriptions for water					T. Handi		· wastes	tes Listed Above		
	32.	Special Handling Instructions ar	nd Additional Information									
Ţ	33	Transporter J Asknowlada	gement of Receipt of Materia	ole .	<u></u>					Date		
ķ	JJ.		Jement of neceipt of Materia									
N		Printed/Typed Name	2000	Sign	athre	Mo	~			Month Day Yes 04 05 19		
P			001c		ay -	7. 00						
o R			gement of Receipt of Materi							Date		
T E R		Printed/Typed Name		Sign	ature					Month Day Yea		
TRANSPORTER FACILITY		Discrepancy Indication Space 2- Initial Change	syn									

ENVIROSAFE SERVICES OF IDAHO, INC. P.O. BOX 16217 BOISE, IDAHO 83715-6217 EPA ID: IDD073114654

04/10/95

USEPA/SAUGET LANDFILL ST. CLAIR COUNTY

SAUGET IL

CERTIFICATE OF DISPOSAL

THE FOLLOWING WASTE RECEIVED ON UNIFORM HAZARDOUS WASTE MANIFEST NO. 003 / IL6566731 WAS DISPOSED BY LANDFILLING IN AN APPROVED TSCA LANDFILL BY ENVIROSAFE SERVICES OF IDAHO, INC., EPA ID# IDD073114654, ON THE FOLLOWING DATES:

MATERIAL

DATE DISPOSED

MANIFEST ITEM

1 PCB BULK SOLID-REGULAR

04/06/95

001

UNDER CIVIL AND CRIMINAL PENALITIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS [18 U.S.C. 1001 AND 15 U.S.C 2615], I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILTY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME: LYNN LAWSON

SIGNATURE AUG

TITLE: RECEIVING SUPERVISOR

REFERENCE NO: 95096003

BROKER: RIEDEL/SMITH ENVIRONMENTAL SERVICES